

<i>SERFF Tracking Number:</i>	<i>GEFA-126275547</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43301</i>
<i>Company Tracking Number:</i>	<i>48539 08/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>SPDA Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/48539 08/2009</i>		

Filing at a Glance

Company: Genworth Life Insurance Company		
Product Name: SPDA Application	SERFF Tr Num: GEFA-126275547	State: Arkansas
TOI: A02I Individual Annuities- Deferred Non-Variable	SERFF Status: Closed-Approved-Closed	State Tr Num: 43301
Sub-TOI: A02I.003 Single Premium	Co Tr Num: 48539 08/2009	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: Ronald Jackson	Disposition Date: 08/24/2009
	Date Submitted: 08/21/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

General Information

Project Name: Fixed Annuity Application	Status of Filing in Domicile: Not Filed
Project Number: 48539 08/2009	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: This filing is not required in Delaware, our state of domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/24/2009	Explanation for Other Group Market Type:
	State Status Changed: 08/24/2009
Deemer Date:	Created By: Ronald Jackson
Submitted By: Ronald Jackson	Corresponding Filing Tracking Number:
Filing Description:	
Genworth Life Insurance Company	
NAIC Group 350, Company 70025, FEIN # 91-6027719	
48539 08/2009, Fixed Annuity Application	

We are submitting this application for your review and approval. This is a new form that will not replace any existing form. This is a new form that will not replace any other form. This filing is not required in Delaware, our state of domicile.

SERFF Tracking Number: GEFA-126275547 State: Arkansas
Filing Company: Genworth Life Insurance Company State Tracking Number: 43301
Company Tracking Number: 48539 08/2009
TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
Variable
Product Name: SPDA Application
Project Name/Number: Fixed Annuity Application/48539 08/2009

Form 48539 08/2009 may currently be used in the sale of GEC6008 2-03 (approved on 04/17/03) or any other fixed annuity product approved by your Department. The application will be used at the point of sale and is designed to capture information pertinent to the issuing of any annuity contract.

In an effort to provide distributors with more uniformity in the sales process, NAVA engaged a number of contributors across the industry, including the Genworth family of companies, to develop annuity applications with a common form and order. The application may be used in both paper and electronic formats. The electronic version will be used initially in conjunction with a pilot project intended as the first phase of implementing the NAVA Straight-Through Processing (STP) Initiative. We understand that Dan Honey, Deputy Commissioner, issued a favorable letter to NAVA and/or industry representatives on November 17, 2008 regarding the STP Initiative.

We have bracketed information in the application to indicate variability. The attached statement of variability provides additional details concerning the differences in the ultimate appearance, and order, of the paper and electronic versions of the application. Variability shall mean that the Company may add or delete information without having to resubmit this form for approval. We may also make multiple versions of this application available on a concurrent basis with different combinations of the optional benefits and/or subaccounts depending on the distribution channel or market.

When scored with the base contract, the Flesch score on this application exceeds 50.

The underlying SPDA product may be marketed by licensed agents and brokers to individuals through traditional distribution systems as well as to customers of financial institutions. There is no special market intended. Issue ages will be based on the underlying contract issue ages.

If there are any questions, please contact me using the information provided below.

Sincerely,

Ronald N. Jackson, Sr. Contract Analyst
Email: ronald.jackson@genworth.com
Phone #: (804) 289-6725
Fax #: (804) 281-6057 or (804) 281-6916

Company and Contact

Filing Contact Information

Ronald N. Jackson, Contract Analyst ronald.jackson@genworth.com

SERFF Tracking Number: GEFA-126275547 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 43301
 Company Tracking Number: 48539 08/2009
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: SPDA Application
 Project Name/Number: Fixed Annuity Application/48539 08/2009

Product Compliance 804-289-6725 [Phone]
 P O Box 27601 804-281-6916 [FAX]
 Richmond, VA 23261-7601

Filing Company Information

Genworth Life Insurance Company CoCode: 70025 State of Domicile: Delaware
 6610 W Broad Street Group Code: 350 Company Type: LifeHealth &
 Annuity
 Richmond, VA 23230 Group Name: State ID Number:
 (804) 281-6600 ext. [Phone] FEIN Number: 91-6027719

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation: \$20 required for an app filed separately from a contract.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Genworth Life Insurance Company	\$20.00	08/21/2009	30035555

<i>SERFF Tracking Number:</i>	<i>GEFA-126275547</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43301</i>
<i>Company Tracking Number:</i>	<i>48539 08/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>SPDA Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/48539 08/2009</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/24/2009	08/24/2009

<i>SERFF Tracking Number:</i>	<i>GEFA-126275547</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43301</i>
<i>Company Tracking Number:</i>	<i>48539 08/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>SPDA Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/48539 08/2009</i>		

Disposition

Disposition Date: 08/24/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>GEFA-126275547</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43301</i>
<i>Company Tracking Number:</i>	<i>48539 08/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>SPDA Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/48539 08/2009</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Variability Statement		Yes
Form	Fixed Annuity Application		Yes

SERFF Tracking Number: GEFA-126275547 State: Arkansas
 Filing Company: Genworth Life Insurance Company State Tracking Number: 43301
 Company Tracking Number: 48539 08/2009
 TOI: A02I Individual Annuities- Deferred Non- Sub-TOI: A02I.003 Single Premium
 Variable
 Product Name: SPDA Application
 Project Name/Number: Fixed Annuity Application/48539 08/2009

Form Schedule

Lead Form Number: 48539 08/2009

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	48539 08/2009	Application/Fixed Annuity Enrollment Application Form	Initial		50.000	48539_082009.pdf



Genworth®
Financial

Genworth Life
Tel: 800 221.9501
Fax: 800 281.6201
genworth.com

[SecureLivingSM Advantage] fixed deferred annuity application

from Genworth Life Insurance Company

Page [1 of 6]

- You must return all pages

[1. Product and contract information]

Product name

• [SecureLiving Advantage]

! Name of state where contract will be delivered

Initial Interest Guarantee Term

- ☐ 1 year ☐ 2 year ☐ 3 year ☐ 4 year
☐ 5 year ☐ 6 year ☐ 7 year ☐ 8 year
☐ 9 year ☐ 10 year

Return of Single Premium Guarantee

- ☐ Yes ☐ No

If no selection is made, you will receive the Return of Single Premium Guarantee

[2. Owner information]

Owner type *Select one*

- ☐ Individual
☐ Trust *Certification of trustee powers form required*
☐ Corporation *Corporate resolution required*
☐ Partnership *Partnership agreement required*
☐ IRA Custodian

Owner/Trust name *First, M.I., Last*

Birth/trust date
☐ Male
☐ Female
☐ Entity

Address

City

State

Zip

Social Security/Tax ID Number

Telephone number

Country of citizenship *If other than U.S.*

If non-U.S. citizen *Select one*

- ☐ Non-resident alien ☐ Resident alien

Joint owner name *First, M.I., Last*

Birth date

- ☐ Male
☐ Female

Address

City

State

Zip

Social Security/Tax ID Number

Telephone number

Country of citizenship *If other than U.S.*

If non-U.S. citizen *Select one*

- ☐ Non-resident alien ☐ Resident alien

Relationship to owner

- ☐ Spouse *Includes same sex relationships officially recognized under law of the state where the contract will be delivered.*
☐ Non-spouse


The owner(s) address must be a physical U.S. address, and not a P.O. box.

If any owner is not a U.S. citizen, attach IRS Form W-9; if non-resident alien, attach Form W-8 BEN instead.

Joint owners are allowed on non-qualified contracts only.



3. Annuitant information

 If you do not complete this section, the owner above will be the annuitant, and any joint owner will be the joint annuitant.

Annuitant *If same as owner, you do not need to enter information below*

Annuitant name *First, M.I., Last* Birth date ☐ Male
• • ☐ Female

Social Security/Tax ID Number

•

Address

•

City

State

Zip

•

Country of citizenship *If other than U.S.*

Relationship to owner Relationship to joint owner

•

For non-qualified contracts only,
you may name a joint annuitant.

Joint annuitant *For non-qualified contracts only*

Same as joint owner shown on page 1

☐ Yes ☐ No

Joint annuitant name *First, M.I., Last* Birth date ☐ Male
• • ☐ Female

Social Security/Tax ID Number

Relationship to annuitant

☐ Spouse* ☐ Non-spouse

Address

•

City

State

Zip

•


Country of citizenship *If other than U.S.*

Relationship to owner Relationship to joint owner

•

**Includes same sex relationships officially recognized under law of the state where the contract will be delivered.*

4. Beneficiary information

 Surviving or existing owners have rights to death benefits prior to any beneficiary.

If there are no surviving or existing owners and you do not name a beneficiary, your estate will be the beneficiary by default.

For each beneficiary type selected, allocated percentages must total 100%. Enter whole percentages only. Unless otherwise noted, beneficiaries will be paid in equal shares

If you do not indicate a beneficiary type, the beneficiary type will be primary.

Additional beneficiaries can be named on the [Beneficiary Overflow Form](#).

Do you want to make the below beneficiary election(s) irrevocable?☐ Yes *If marked, beneficiaries cannot be changed in the future***Beneficiary type** *Select one*☐ Primary ☐ Contingent

Beneficiary/trust name *First, M.I., Last* Birth/trust date ☐ Male
• • ☐ Female

Social Security/Tax ID Number

Relationship to owner Allocated percent
• • %**Beneficiary type** *Select one*☐ Primary ☐ Contingent

Beneficiary/trust name *First, M.I., Last* Birth/trust date ☐ Male
• • ☐ Female

Social Security/Tax ID Number

Relationship to owner Allocated percent
• • %**Beneficiary type** *Select one*☐ Primary ☐ Contingent

Beneficiary/trust name *First, M.I., Last* Birth/trust date ☐ Male
• • ☐ Female

Social Security/Tax ID Number

Relationship to owner Allocated percent
• • %

5. Contract type and source of funds**5a. Purchase payment information**

The minimum purchase payment accepted is \$5,000, or \$2,000 for an IRA. Please make checks payable to Genworth Life Insurance Company.

Total amount submitted with application
\$

Estimated amount from 1035 tax-free exchange(s) or transfer(s)
\$



Complete Section 5b or 5c below

5b. Non-qualified contract**Source of funds** Indicate all that apply

- ☐ New purchase Cash with application
- ☐ 1035 Tax-free exchange
- ☐ Liquidation of money market account/certificate of deposit/mutual fund

5c. Qualified contract**Source of funds** Indicate all that apply

- ☐ New contribution For traditional or Roth IRA only
Tax year \$
Tax year \$
- ☐ Conversion From traditional IRA to Roth IRA only
- ☐ Direct transfer Transfer from prior plan payable directly to Genworth Life to fund the same type of plan. For example, IRA to IRA. Includes 403(b) In-Plan exchanges.
- ☐ Transfer from inherited IRA You must select "Transfer from Inherited IRA" below. Do not use for spousal IRAs.
- ☐ Customer rollover Distribution from prior plan generally payable to owner that owner reinvests with Genworth Life to fund a plan within 60 days
- ☐ Direct rollover from: Distribution from prior plan payable directly to Genworth Life to fund a plan. For example: 401(k) to IRA.
 - ☐ 401(a) ☐ 401(k) ☐ TSA/403(b)
 - ☐ Gov't 457(b) plan ☐ Other:

Type of qualified contract Select one

- ☐ Traditional IRA Includes custodial ownership, if marked in section 2, and spousal IRAs
- ☐ Transfer from Inherited IRA Known as a beneficiary IRA. Do not use for spousal IRAs.
- ☐ SEP IRA Select only if your employer intends to make contributions to this contract. Otherwise, select "Traditional IRA."
- ☐ Roth IRA Includes custodial ownership, if marked in section 2
- ☐ 401(k)/profit sharing/pension*
- ☐ TSA/403(b) annuity Your employer must also complete an Information Sharing Agreement
- ☐ Gov't 457(b) plan*
- ☐ Other qualified plan

*Investment only

6. Optional benefits May not be available in all states or markets, or in combination with each other

None available at this time

6b. Electronic document delivery information

- ☐ Please contact me regarding opportunities to receive future documents and periodic statements electronically instead of by paper.

Email address

.

7. State notices and disclosures

ARIZONA, PLEASE NOTE: RIGHT TO EXAMINE: On written request, the Company will provide the Owner within a reasonable time, reasonable factual information regarding the benefits and provisions of the contract. If for any reason the Owner is not satisfied, the contract may be returned to the Company or producer within 30 days after its delivery, and the premium will be returned.

ARKANSAS, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO, AND PENNSYLVANIA, PLEASE NOTE: Any person who knowingly, and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

COLORADO, PLEASE NOTE: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA, WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

FLORIDA, PLEASE NOTE: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

MAINE, TENNESSEE, VIRGINIA, WASHINGTON, PLEASE NOTE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

MARYLAND, PLEASE NOTE: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY, PLEASE NOTE: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OKLAHOMA, WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

ALL OTHER STATES, PLEASE NOTE: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.



THIS PAGE MUST BE RETURNED WITH THE COMPLETED APPLICATION.



8. Owner signature

You must answer the two questions to the right.

1. Do you have any existing life insurance policy(ies) or annuity contract(s)? ☐ Yes ☐ No

2. Will the proposed annuity replace and/or change any existing annuity or insurance contract(s)? ☐ Yes ☐ No

All statements made in this application are true to the best of my knowledge and belief, and the answers to these questions, together with this agreement, are the basis for issuing the contract. I agree to all terms and conditions as shown.

I believe this contract will meet my insurance needs and financial objectives. The undersigned has read and understands the appropriate fraud and disclosure statement in Section 7.

If you are a Trustee, Attorney-in-Fact, Guardian or other fiduciary, indicate the capacity you are acting in and attach relevant legal documentation.

Owner signature**X**☐ Trustee☐ Attorney-in-fact *POA*☐ Guardian☐ Title/office: _____☐ Other _____

Date of signature

•

Name of state where signed

•

Joint owner signature**X**☐ Trustee☐ Attorney-in-fact *POA*☐ Guardian☐ Title/office: _____☐ Other _____

Date of signature

•

Name of state where signed

•

Send completed form to:

Regular mail

P.O. Box 85093
Richmond, VA 23285
Fax: 804 281.6201

Overnight delivery

6610 West Broad Street
Richmond, VA 23230



9. Producer signature**9a. Primary producer**

You must answer the two questions to the right.

1. Does the applicant have any existing life insurance policy or annuity contract(s)? ☐ Yes ☐ No

2. Do you have reason to believe that the proposed annuity will replace and/or change any existing annuity or insurance contract(s)? ☐ Yes ☐ No



If the answer to either question above is yes, replacement forms and/or additional forms may be required. Check for specific state requirements.

California producers please note: By signing below, I hereby attest that I have reviewed with, and to the extent applicable, provided to the owner, if age 65 or older, the disclosures required by the following sections of the California Insurance Code:

- Advisement of consequences in the sale or liquidation of assets (§ 789.8(b))
- Medi-Cal Notice (§ 789.8(d))
- 24-hour at home pre-solicitation notice (§ 789.10)

By signing, I certify that the above signature(s) are genuine and that all information contained in this application is true to the best of my knowledge and belief. I have verified the owner(s) identification information below.

I believe this contract will meet my client's insurance needs and financial objectives.

In accordance with the Patriot Act, owner(s) must provide the producer with a valid photo identification.

Owner type of photo ID provided	ID issued by	Issue date	Expiration date
•	•	•	•
Joint owner type of photo ID provided	ID issued by	Issue date	Expiration date
•	•	•	•

Licensed representative/producer/agent name <i>Printed</i>	License number <i>[Required in FL]</i>
•	•
Social Security or Producer Number	Producer telephone number
•	•
Broker-dealer name	Back office telephone number
•	•
Team name <i>If applicable</i>	Team ID number <i>If applicable</i>
•	•
Email address	Commission split percentage
•	%
Client brokerage account number	
•	

If you do not choose a valid commission option for your firm, we will use your firm's default option. Contact your back office with commission option questions.

Licensed representative/producer/agent signature	Date of signature
X	•

Commission option *Varies by firm, you must select one*

☐ L ☐ T ☐ NT

9b. Additional producer

For split commissions for more than one producer, the primary producer must complete section [9a]. Submit the [Additional Producer Information] for to provide required information for more than two producers.

Commission split percentage allocations must total 100%. Enter whole percentages only.

Licensed representative/producer/agent name <i>Printed</i>	License number <i>[Required in FL]</i>
•	•
Social Security or Producer Number	Producer telephone number
•	•
Email address	Commission split percentage
•	%
Licensed representative/producer/agent signature	Date of signature
X	•

<i>SERFF Tracking Number:</i>	<i>GEFA-126275547</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Genworth Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43301</i>
<i>Company Tracking Number:</i>	<i>48539 08/2009</i>		
<i>TOI:</i>	<i>A02I Individual Annuities- Deferred Non-Variable</i>	<i>Sub-TOI:</i>	<i>A02I.003 Single Premium</i>
<i>Product Name:</i>	<i>SPDA Application</i>		
<i>Project Name/Number:</i>	<i>Fixed Annuity Application/48539 08/2009</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: FleschScore.pdf		
Bypassed - Item: Application Bypass Reason: This is a submission for an application and it is attached to the Form Schedule tab as required. Comments:		
Bypassed - Item: Life & Annuity - Acturial Memo Bypass Reason: N/A to this submission. Comments:		
Satisfied - Item: Variability Statement Comments: Attachment: SOV.pdf		

**FLESCH SCORE CERTIFICATION
GENWORTH LIFE INSURANCE COMPANY**

We certify that to the best of our knowledge and belief, the Flesch score of the below-referenced forms meet any readability requirements in effect in your state:

Form Number	Title	Flesch Score
48539 08/2008	Single Premium Deferred Annuity Application	When scored in combination with the base policy, is in excess of 50



By: _____
Vice President, Product Compliance

August 21, 2009
Date

**GENWORTH LIFE INSURANCE COMPANY
CERTIFICATION OF VARIABILITY**

August 20, 2009

Re: 48539 08/2009, Fixed Annuity Application

Header, Gutter/Side and Footer

Product name: The marketing name of the product applied for will appear. Currently the products available for purchase using this application are Secure Living Advantage, Secure Living AdvantageChoice, Secure Living Advantage Pro, Secure Living AmericaPlus, Secure Living Cornerstone5, Secure Living Independence, Secure Living Liberty, Secure Living SmartRate, and Secure Living Stable5. We may use this application with other annuity products offerings or contracts approved by your Department.

Page count: The appropriate page number will appear. The page number may differ based on the product applied for due to product design, the inclusion of available guarantee terms and/or optional benefits. For example, Secure Living Advantage may offer a six (6)-page application and Secure Living Liberty may require a four (4)-page application.

Telephone and fax number: The current telephone and fax numbers will appear.

You must select one of the initial interest guarantee terms to the right: Depending on the distributor and the product, all guarantee terms may or may not be available. Therefore, only the appropriate terms will be shown. If a distributor offers a product with one guarantee term, then the gutter note may not be necessary.

To order, use stock number: This is an internal control feature and may change as revisions are made.

Barcodes: The barcodes are for tracking purposes. Corporate agreements with distributors may influence the size and location of the barcodes. The barcode currently located at the bottom right of the page is reserved by NAVA for a distributor to apply a barcode for their use. This will differ from the barcode currently located to the left side, which may be used by the carrier.

Section number and subsections: The application may be used in both paper and electronic formats. The electronic version will be used initially in conjunction with a pilot project intended as the first phase of implementing the NAVA Straight-Through Processing (STP) Initiative. The section numbers are bracketed to allow for flexibility in section ordering should NAVA or Genworth change the order of presentation for each section based on whether a paper application or an electronic application is used. The appropriate information displayed may also be based on the product design.

The sections, subsections and any references to a specific section are bracketed to accommodate specific optionality that would affect the product selection. For example, The Secure Living Advantage Annuity may allow for optional surrender charge schedules and this text would appear on the application. However, the Secure Living Liberty application may not allow for surrender charge schedule selection and this text, therefore, would not appear in that application.

Section 1

Product name: The marketing name of the product applied for will appear. Currently the products available for purchase using this application are Secure Living Advantage, Secure Living AdvantageChoice, Secure Living Advantage Pro, Secure Living AmericaPlus, Secure Living Cornerstone5, Secure Living Independence, Secure Living Liberty, Secure Living SmartRate, and Secure Living Stable5. We may use this application with other annuity products offerings or contracts approved by your Department.

Initial Interest Guarantee Term: Depending on the distributor and the product, all guarantee terms may or may not be available. Therefore, the terms shown will be determined by the product and only the appropriate terms will be shown. If a distributor offers a product with one guarantee term, then only that term will be shown and the side note may not be necessary.

Return of Single Premium Guarantee: This option will show based on product design similar to reasons discussed regarding initial interest guarantee terms.

Section 2

Joint owner name: The owner and whether or not the contract is qualified or non-qualified control the selection of a joint owner. Joint owners are allowed on non-qualified contracts only. This information may appear or not appear based on whether a joint owner is named, whether the application is paper or electronic and product design. This item is bracketed to accommodate qualified products that by definition do not allow joint owners. In those cases this entire section would be suppressed from the application.

For the spouse/non-spouse information we may need to differentiate between marriage/spouse as defined by federal law and other relationships. Therefore, as states implement laws or regulations regarding same sex relationships, civil union partners and/or domestic partners we may add additional selections and/or incorporate that information into the disclosure.

Section 3

Relationship to owner/joint owner: The relationship to owner and relationship to joint owner is bracketed to provide us with the ability to request this information for future use. These questions may not be used on all product versions of this application. If these questions are posed, they will also be posed for the joint/contingent annuitant.

Joint Annuitant: This section may not need to be displayed on an electronic version of the application if there is no joint annuitant named or if this is a qualified contract.

Same as joint owner: This will show if a joint owner is named at application. The owner and whether or not the contract is qualified or non-qualified control the selection of a joint owner. This information may appear or not appear based on whether a joint owner is named, whether the application is paper or electronic and based on product design. This item is bracketed to accommodate qualified products that by definition do not allow joint owners and, therefore, joint annuitants.

Spouse/non-spouse: As states implement laws or regulations regarding same sex relationships, civil union partners and/or domestic partners we may add additional selections and/or incorporate that information into the disclosure.

Includes same sex relationships: This item is associated with the Spouse/non-spouse item stated above. It will appear only if the spouse/non-spouse information is shown. As states implement laws or regulations regarding same sex relationships, civil union partners and/or domestic partners we may add additional selections and/or incorporate that information into the disclosure.

Section 4

Restricted beneficiary payout designation form (and all other form names that appear in the gutter/side instructions): We bracket all administrative form names to accommodate changes to the form name. Administrative forms are not filed for review by the insurance departments and are used to accommodate usual and customary day-to-day company practices. The bracketing of form names/numbers appears in Section 4, Section 5c, and 9b.

Section 5

Purchase payment information: \$5,000 or \$2,000 for an IRA is bracketed to allow for different purchase payment minimums by product design. This information may not appear on the electronic version of the application.

Non-qualified contract source of funds: We bracket this information as this section may be removed for any product that can be sold only as a qualified contract.

Qualified contract source of funds: Bracketed to allow for terminology changes to the source of funds or to remove source of funds for which future product variations may not allow.

Stretch IRA Information form: Bracketed to allow for possible changes to the name of this form.

Type of qualified contract: We bracket this information as this section may be removed for any product that is sold as a non-qualified contract.

Information Sharing Agreement: Bracketed to allow for possible changes to the name of this administrative form.

Section 6

Optional benefits: Any applicable optional benefits may not appear based on product design, distributor, benefits as approved by each jurisdiction, whether the application is paper or electronic, and the benefits made available for solicitation.

Electronic document delivery: We bracket this information to allow the flexibility of posing this question to an applicant when we make electronic document delivery available. This section is primarily for the benefit of an agent using a paper application and inquiring as to whether or not a client would like only to receive information regarding the future possibility of electronic delivery of documents. **Note:** We are not attempting to obtain authorization to deliver the product electronically based on the client's response or any information provided in this section.

Section 7

State notices: Each state notice is bracketed to allow for changes in the wording as required by the applicable states. We may also change the state designation for a particular disclosure based upon whether or not a state adopts new and/or existing language. The last disclosure regarding all other states is based on the NAIC Model language and is bracketed to allow for changes as suggested by the NAIC.

The statement to return the disclosure page may not appear on the electronic version of the application. We also reserve the right to revise this language as appropriate to encourage the attachment of this page to the completed application to encourage an efficient application process.

Section 8

Joint owner signature: This will show if a joint owner is named at application. The owner and whether or not the contract is qualified or non-qualified control the selection of a joint owner. This information may appear or not appear based on whether a joint owner is named, whether the application is paper or electronic and based on product design. This item is bracketed to accommodate qualified products that by definition do not allow joint owners.

Regular mail/overnight delivery: These are bracketed to accommodate possible changes to the addresses.

Section 9

This section/page will not be a part of the final printed version of the application, if applicable, that may be attached to the contract due to privacy requirements and the sensitive information regarding producers (such as the producer's social security number).

California producers disclosure: This is a state notice required in California only and is bracketed to allow for changes in the wording as required in that state. Should this version of the paper application not be made available in the state of California or if the electronic version of the application is completed in another jurisdiction this information will not appear.

I have verified...: This information is directly related to proposed legislation regarding the Patriot Act.

Patriot Act: This information is directly related to proposed legislation regarding the Patriot Act. As the final legislation has not been passed we ask to reserve the right to update the language requirements as necessary to agree with any final legislation. This information will not appear on the application until such time as the final legislation is passed and the appropriate language is created.

Licensing number: This is a state notice required in Florida only and is bracketed to allow for changes in the wording as required in that state. Should this version of the paper application not be made available in the state of Florida or if the electronic version of the application is completed in another jurisdiction this information will not appear.

Team name: We reserve the right to add this information and all information regarding team selling to later versions of the application based upon future functionality. Any applicable team name is based upon the distributor and is not controlled by our company.

Commission Option: Depending on the distributor and the product, all commission options may or may not be available. Therefore, only the appropriate options will be shown. If product does not have any commission options, this section and the related side note will be removed.

We hereby certify the final form issued to the consumer will not contain brackets denoting variable text. Any variable text included in this Statement of Variability will be effective only for future issues. The use of variable text will be administered in a uniform and non-discriminatory manner and will not result in unfair discrimination. Only text included in this Statement will be allowed to be used on the referenced forms received by consumers. Any changes to variable text or permissible range of values will be submitted for approval prior to implementation.



Paul Loveland
Vice President, Product Compliance